

injection was given, consisting of 1/150 of scopolamin but no narcophen. (If there is amnesia after the first dose, no scopolamin is given until further tests show a return of memory.) About two hours later, the memory tests having been used every thirty minutes, and the condition of the pulse, fetal heart, and pupil noted, a third dose consisting of 1/400 of scopolamin was given, and as a rule five doses were the usual amount used. The first patient (a primipara) was very quiet during the whole course of labor. After the second dose her face was flushed and she complained of dryness and asked for water. That she felt her pains was evident, for she would squirm, bear down and throw herself from side to side while they lasted. With her the second stage was not prolonged, and the head came very rapidly and forcefully on the perineum. Dr. Polak, in order to avoid a laceration, cut cleanly through the middle of the perineal body and delivered the baby, which was neither blue nor apnoëic, but cried lustily immediately. After the delivery of the placenta the perineum was sewed up. The patient had no recollection of the birth the next day.

The second case was in the Brooklyn City Hospital, and the room and setting were admirably adapted for the induction of twilight sleep. The room was painted in a deep shade of green, the lamp shaded, and at the head of the bed on one side sat the doctor, on the other the nurse. She was in active labor, the pains coming regularly. Every twenty minutes her memory was tested and five doses of the drug in all were given. She slept between the pains, and during many of them seemed to rouse slightly and groaned a little. The baby cried instantly and required no treatment and was not blue.

The third case was a multipara, a very noisy woman. She came to the Long Island College Hospital in active labor and was more advanced than the former cases. She did not respond so readily, but shouted and screamed during her pains, talked and mumbled between them. Her childbirth to the onlooker was very disturbing, for she seemed in agony, but next day claimed she had not remembered anything.

The fourth case (a primipara) age 20, a strong husky girl, came into the hospital screaming and most noisy. For one-half hour after her first dose she remained noisy, but after that became quiet and slept between her pains. In the last stages she was rather delirious and difficult to handle, and was delivered with forceps, the cord being tied around the child's neck twice. This baby did not cry immediately and was dipped in hot and cold water quite unnecessarily, I thought, for in a few moments, as soon in fact as he was put in the water he shrieked and kept it up.

The fifth case was also a primipara, a case that would make you want to use twilight sleep. It was like the second and third case where everything was ideal. The patient responded to the drugs. She was sufficiently intelligent to co-operate and the baby was a fine, strong, husky child who showed no evidence of scopolamin.

In all these cases, the physician was present during the entire time, as were the nurses. Every-

thing was quiet in the room and an atmosphere of peacefulness prevailed, so different from the ordinary case. These women were all peasants and chiefly foreigners, and when I think of them and remember some of my experiences with foreigners of a similar class here, I rejoice that such a drug may be used on the very poor in hospitals and on the very rich wherever they may be. The great middle class will not be benefited by it unless they come to hospitals, for they will not be able to afford to pay for the physician's time. In one or two of the really old hospitals in New York where they are using the scopolamin treatment in childbirth, patients are paying \$70 and \$80 for small dark rooms with the accompanying discomforts and are not complaining.

That women feel the pain is evident from their expression at that time, but they use their forces better, sleep between pains, bear down fearlessly, help themselves, and remain amiable and pleasant throughout. I do not believe there is any possibility of using the treatment outside of a hospital, but I do think that in the case of the modern, nervous woman who shrinks from maternity, there will be a lessening of race suicide. I do not feel that it is a panacea for all the troubles of childbearing, but I do feel that we should give it a fair trial using the Gauss-Kroenig technic, and in the most experienced hands of an obstetrician of good judgment; not one who will make up his mind beforehand, and from his conclusions on experience based on 10 or 12 cases observed in a foreign clinic or in the hands of an unskilled obstetrician.

I quite agree with the physicians who, if they are convinced that scopolamin increases the number of stillbirths, refuse to use it. For our statistics show a very large percentage. In New York in 1912 the *average per thousand* was 46, in San Francisco 44.2. In 1906 in New York per 1000, 56. In foreign countries the smallest percentage of stillbirths was in Austria-Hungary. There the greatest number of stillbirths were among illegitimate children.

In Sweden,	28	legitimate,	87	illegitimate.
In Prussia,	39	"	54	"
In Belgium,	43	"	58	"
In France,	42	"	78	"
In Austria,	24	"	38	"
In Hungary,	14	"	30	"

#### 1916—STATE SOCIETY—FRESNO.

The Council of the State Society, at a meeting held September 11th, discussed the various places which had extended invitations for the Annual Meeting of 1916. After carefully considering the various points in relation to the best interest of the Society and the profession as a whole, a ballot was taken which resulted in the selection of Fresno. The meeting will be held in the third week of April, 1916, at Fresno, and we are assured of ample and satisfactory hotel accommodations. It goes without saying that a royal welcome will be extended to all our members by the profession of Fresno.

Further information will be published later on in the Journal.